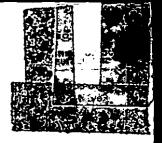
(434)	2.7	OU			NON OF REALIR	- 21AND	AKD CEI	CHIPICALE O	PEAIN		63-01 4	1886
DO NOT WRITE	53	MENT AMENI		UBL	C HEALTH AND WELFAR	27_Prim	ary Registration	District No. 300	SRegistrar's No.	78	STATE FILE N	JMBER
ON THIS STUB		AMENI	DED	_] =	FILED APR	6 1963						
VS 300		a.L. 1	1 1		PLACE OF DEATH Bat			-	a. STATE MO.	CE (Where deceased I b. COUNTY	ived. If institution:	Residence before admission)
Rev. 4/59	19	獄		1-	b. CITY (If outside corporate li		HIP only)	Length of stay in 1b	c. CITY		pares	Inside Limits
-	13				or Town Butler		· · · · · · · · · · · · · · · · · · ·	1 day	OR TOWN	Butler	•	Yes Se No
	1			1-			ion)	Inside Limits	d. STREET		, give location)	Reside on Farm
² A 0 71	2			1_	HOSPITAL OR INSTITUTION Bates	Co Hosp	<u>ital</u>	Yes ₩ No □	ADDRESS	300 S Mai	· · ·	Yes □ No □
3	/ -	+	+	1-	3. NAME OF DECEASED	First		Middle	Last	4. DATE	Aonth Day	Year
		11	11		(Type or print)	eanos	1	Rice	Thomas	OF DEATH A	pr. 8	1963
4 0				1		OR OR RACE	7. Married Widowed		8. DATE OF BIRTH		Months Days	R IF UNDER 24 HE Hours Min.
5 /					Male W Oa. USUAL OCCUPATION (Give kin	al ad seconds along		BUSINESS OR INDUSTR	3/23/188	7 76 City and state or country		WHAT COUNTRY
6	S		11	1	during most of working life, ev				1	Missouri	US	
7 0	<u></u>	11		-	Plumber 3a. FATHER'S NAME			TAL WOTK			F HUSBAND OR WIFE	
	FOLLOWS]		Fleetwood Tho	กลร		Margaret	Morri e	Lucy	Thomas B	utlar Mc
8 0	2				5. WAS DECEASED EVER IN U.S.	ARMED FORCES?	-16. Sc	OCIAL SECURITY NO.	17. INFORMANT	<u>augy</u>	Thomas, B	GC ACA III
410X	E A		11	,	res, no, or unknown) (If yes, give			6	Lucy Th	omas, But		
10	AR.				18. CAUSE OF DEATH (Enter on PART I. DEATH)	ly one cause p NAS CAUSED BY:				2 year	rs jo	NTERVAL BETWEEN ONSET AND DEATH
	8 2	5		5	IMME	DIATE CAUSE (a)	Cł	ronic Int	<u>erstital</u>	<u>Nephritis</u>	<u>Anuria 4</u>	days
	וט וכ	1		3	• •	•	Maran		11			4 5
12/-0	HIS RE	<u>}</u>	'	,	Conditions, if any which gave rise to)	Nysoc	ardiai ra	llure Mit	ral Regura	SITION	15 yrs.
13/ - 0	- -		+		above cause (a) stating the under lying cause last	-])			· · · · · · · · · · · · · · · · · · ·	·	
	S O	11		š	PART II. OTHER	SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEAT	H but not related to	the terminal PAR	T III. If deceased	was female wa
	2	11		3	. Uiscoac	CONGRESS STREET					☐ Yes ☐	
	NA I		+	Ē	19. WAS AUTOPSY 20a. ACC	IDENT SUICIDE	HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury	<u> </u>	
	9			ä	PERFORMED? YES NO		В		•		•	•
Z	AMENDMENT	11	11	₫	20c, TIME OF Hour Month	h, Day, Year		-1			•	
¥ 2	[▼			MEDI	p.m.							
BLACK INK OR RITER RIBBON					20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	20e. PLACE 6 farm, fa	OF INJURY (e.g. scrory, street, of	, in or about home, 2 fice bldg., etc.)	20f. CITY, TOWN, OR	LOCATION	COUNTY	STATE
E S S		!				" Je	n 2 1	963. Apr.	8 1963	l last saw her alive on.	Anvil 9	1963
	DEA				21. I attended the deceased fro	111	15 PM	- .		nd to the best of my k	_	
USE PEW					Death occurred at	_	ee or title)		22b. ADDRESS	THE TO THE BODY OF MY K		22c. DATE SIGNE
USE BLACK OR TYPEWRITER	OH OH			2	228 SPONATURE		مكد	د M.D		Missouri		4/10/63
	I⊢	+	┿	-2	Ba. BURIAL, CREMATION, 23b. D.	ATE /	23c. NAME	OF CEMETERY OR CRE		3d. LOCATION (City, to	own, or county)	(State)
			V EELD A	!	REMOVAL (Specify) Burial 4	/11/63 _{ADDE}	, R	lakhili Ca	met ex	Rutler Me		•
	¥	<u> </u>		7	. FUNERAL DIRECTOR	ADDI	RESS	Oakh L11 Co	E RECD. BY COCAL RE	G. 26. REGISTRAR		1 10
				i	Culver Underw	od, But	Ler Mo	4/10	/63	Norma	Jan W.	class
'							. (Lice	ensed Embalmer's Statem	nent on Reverse Side)		0	

San Carlo



•	recorded on the reverse side of this certificate was embalmed by m
or by	TOTAL DE S.
working under my personal supervision.	
Student	Signed Kelest & Strinkell
Signature of Student Embalmer	orginal of the second of the s
	Licensed Embalmer No. 4652
	· · · · · · · · · · · · · · · · · · ·
·	P. O. Address Buttley Mo-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

😚 🕮 🕮 . If this body is not embalmed, fact should be so stated above. 🗧